



Authorization to Release Financial Information (FERPA Release)

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship, and billing/account information, and ***will not be released without written consent from the student.***

This authorization must be presented in person by the student with a picture ID.

Student Name: _____ SCSU ID #: 900 _____

Please initial one:

_____ I DO NOT AUTHORIZE the Financial Aid Office at South Carolina State University (SCSU) to discuss confidential account information with any other person. (Sign the document and return it to our office).

_____ I authorize the Financial Aid Office at South Carolina State University (SCSU) to discuss confidential account information for the purposes of understanding and meeting College related financial obligations with the person(s) listed on this form.

I understand that the person(s) listed on this form will have access via telephone, in person, or by U.S. and electronic mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include parental income or asset information.
- My student account and statements, including credits and debits posted to that account and any refund amounts I may have received.
- Any other financial aid related information.

This authorization form does not allow SCSU to release specific academic information.

Authorization Password: _____

(This password will be used to verify the identity of the person asking for access to your account. **The authorized person(s) will be expected to know this password.** Please limit the password to one printed word.)

Name(s) of people (maximum of 4) to release information to: (Please print)

1. _____ 2. _____
 3. _____ 4. _____

This authorization will remain in effect until revoked in writing by the student.

Student Signature: _____ Date: _____

By signing this form, you certify that you are the person identified by the signatures above and have not disclosed the authorization password to anyone else. You also understand that if you purposely give false or misleading information, you may be subject to fines and /or penalties.

**** PLEASE DO NOT WRITE IN THIS BOX. SECTION IS TO BE COMPLETED BY FINANCIAL AID OFFICE STAFF ONLY. ****

Identity verified by (please initial one): Driver's License _____ or ID Card _____

Processed by: _____ Date: _____